

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
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2019 JUN 25 AM 11:10

19 CV 5935

Kevin T Nugent Jr

441 180 3722

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

NYC Dept of Corrections
Officer Gray #18367

COMPLAINT

(Prisoner)

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: Violation of (H.I.P.P.A) (Hate Crime)

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

KEVIN T NUGENT JR
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

441-180-3722

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

A.M.K.C (C-95) Rikers Island
Current Place of Detention

18-18 Hazen St
Institutional Address

Queens N.Y. 11370
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Gray	Last Name	18367	Shield #
officer (connection)				
Current Job Title (or other identifying information)				
18-18 Hazen st				
Current Work Address				
East Elm Hurst, N.Y.				
County, City		State	11370	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Detox lineDate(s) of occurrence: 12/2018 til Now June 28, 2019

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Officer Gray (18367) working the Medication / Detox line in A.M.K.C. where he knows that prisoners are receiving Detox for their addiction (namely Methadone). Starting around Dec 2018 the Abuse of his position to degrade us especially white and Spanish people. I have reported his abuse to (311) and to the Jail but it has only gotten worse. The First degrading comments where we are or I am a cracker dope Feen. This was reported. Then he would allow Black inmates to get their medication before me when they where not even suppose to be there but would only stop the white individuals telling us the dope isn't going anywhere yelling at me and others that will get our dope when he wants us to get it, that he's the dope man violating our HIPPA rights that no one is to

Know what medication we are given.
 For months I hoped the abuse would
 stop but has only gotten worse. Now
 Officer Gray 183870 is calling me a
 snitch and Bozo Fox reporting his
 behavior. So he has abuse his right
 to be a officer, and abused so many
 detainees about they addiction or race.
 When will it stop (311) Reported Incident to Facility
 INJURIES: But I left it alone hoping it would stop but it has
 only gotten worse.

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I feel degraded, speaking to Mental
 Health about the mental torture
 officer is inflicting plus I've been
 clean for 6 yrs on Methadone and
 this officer Gray ~~degrades~~ degrading my
 race, my addiction is against the law.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am suing for 10,000,000.00 \$
 For violating my civil rights 1983, HIPAA
 violation, and Hate Crime. Plus I would
 like the officer removed from his
 position.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

6/18/2019
 Dated
 Kevin T Nugent Jr
 First Name Middle Initial Last Name
 Plaintiff's Signature
 18-18 Hazen St
 Prison Address
 East Elm Hurst N.J. 11370
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 6/20/2019

Ken N. ...
18-18 Hazen St
East Elm Hunt, N.Y. 11370

WORK NY 100

2019 PM 9 L



United States District Court
Southern District of N.Y.
U.S. Court House
500 Pearl Street
New York, N.Y. 10007-1312

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S.D.N.Y.

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